

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-0

CERTIFICATE OF DEATH

Reg. Dist. No. 11289 2820

1. PLACE OF DEATH:

County St. Mary's
City or town Budds Creek Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 years
Hospital, institution, or street address where death occurred:
8 years
How long in hospital or institution? 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
City or town Budds Creek
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

James Thomas Bell

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mary E. Stclair

6. (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Nov 3 1900

8. AGE: Years 46 Months 5 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Compton St. Mary's Maryland
(Town, county, and state)

10. Usual occupation merch. ant

11. Industry or business _____

12. Name James Bell

13. Birthplace St. Mary's Co

14. Maiden name Sarah Greenwell

15. Birthplace St. Mary's Co

16. Informant Mrs. Mary E. Bell

Address Budds Creek Md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Nov 11, 1946
(month) (day) (year)

Cemetery or crematory St. Francis Xavier Cemetery

Location Compton Md

18. Funeral director W. E. Martinley Sons

Address Leonardtown Md

19. Nov 11 46 Registrar Cummins

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 19 46 at 10.25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19 46 to Nov 8 19 46
and that I last saw him alive on Nov 8 19 46

Immediate cause of death Arteriosclerosis of heart
Arteriosclerosis of vessels by
Calcification

Due to _____
Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations X-ray + radio to area
none Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Aloysius C. Welch MD M. D. or other _____

Address Chester Md Date signed 11/9/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1313

CERTIFICATE OF DEATH

11290

Reg. Dist. No. 2810

1. PLACE OF DEATH:

County St. Marys
City or town Rural, Pearson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County St. Marys
City or town Rural, Pearson
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) if veteran, name war

3. (a) FULL NAME

Eugene Barnes

3. (b) Social Security Number

4. Sex Male 5. Color or race Black 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Annie Barnes

6. (c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) Dec. 25 1881

8. AGE: Years 64 Months 11 Days 5 If less than one day
hrs. min.

9. Birthplace Medleys Neck, Md.
(town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Barnes

13. Birthplace Medleys Neck, Md.

14. Maiden name Delia Barnes

15. Birthplace Medleys Neck Md

16. Informant Paul F. Barnes

Address Pearson Md

17. Burial Date thereof Dec. 3, 46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Holy Face Cemetery

Location Great Mills, Md.

18. Funeral director P. B. Robinson

Address Leonardtown Md

19. 12-1- 46 pg Beary MD
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1946, at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 30 1944, to Nov 30 1946.

and that I last saw him alive on Nov 28 1946.

Immediate cause of death

DURATION

General arteriosclerosis 5 years

Due to Interstitial nephritis 5 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE pg Beary MD
M. D. or other

Address Great Mills Md Date signed 12-1-46

MARGIN RESERVED FOR BINDING

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VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC 3 1946

BUREAU V.E.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Dist. No. 2820

11291

1. PLACE OF DEATH:

County St Marys
City or town Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 days
Hospital, institution, or street address where death occurred:
St Marys Hospital
How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys
City or town Holly Wood
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rt 7 Box 1
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Thomas Bond

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mary E. Parnon Bond
6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Feb 14 - 1876

8. AGE: Years 70 Months 8 Days 26 If less than one day hrs. min.

9. Birthplace Holly Wood St Marys Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Thomas H. Bond

13. Birthplace Calvert Co

14. Maiden name Adelaide Briscoe

15. Birthplace St Marys Co

16. Informant Thomas H. Bond

Address Leonardtown Md

17. Burial Date thereof Nov 12 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Andrews Cemetery

Location near Leonardtown Md

18. Funeral director W. C. Mattingly

Address Leonardtown Maryland

19. 11/12/46 19 46
(Date rec'd by registrar) Registrar Canalier

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 19 46 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1st 19 46 to Nov 9 19 46
and that I last saw him alive on November 9 19 46

Immediate cause of death

Coronary Thrombosis

Due to Generalized Arteriosclerosis

Due to and Artery Sclerosis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Robert V. Fuchs M.D.

Address Leonardtown Md Date signed 11/12/46

MARGIN RESERVED FOR BINDING

VS/A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 13 1946
BUREAU V.B.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

11292

Reg. Dist. No. 2820

1. PLACE OF DEATH:
 County St. Mary's
 City or town Park Hall
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County St. Marys
 City or town Ridge Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME Merle C. Brown

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Margaret P. Brown 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) July 30, 1894
 8. AGE: Years 52 Months 3 Days 14 If less than one day
 9. Birthplace Vermont
 (Town, county, and state)
 10. Usual occupation instrument maker

11. Industry or business
 12. Name Roland Brown
 13. Birthplace Albany, New York
 14. Maiden name Hattie Shepherd
 15. Birthplace Unknown

16. Informant Ernestine U. Scheible
 Address Ridge, Maryland
 17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 11-16-46
 (month) (day) (year)
 Cemetery or crematory Arlington, National
 Location Virginia

18. Funeral director M.B. Robinson
 Address Leonardtown, Md.
 19. 11/14 46 Caecilia
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 19 46 at 4:20 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from received deceased to Nov 13 19 46
 and that I last saw him on Nov 13 19 46
 Immediate cause of death Coronary Thrombosis
(fathered from history)
 Due to
 Due to
 Other conditions

DURATION

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE J.F. Greenwell Cornes
 M. D. or other
 Address Leonardtown, Md. Date signed Nov 14-46



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Longman

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-5

CERTIFICATE OF DEATH

11293

Reg. Dist. No. 2820

1. PLACE OF DEATH:

County St. Mary's
 City or town Leonardtown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

St. Mary's Days

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
 City or town Leonardtown Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 2
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Williams Herbert Carter

3. (b) Social Security Number

4. Sex male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Christine M.7. Birth date of deceased (mo., day, yr.) Jan. 26 1896 8. (c) If alive, give age..... years8. AGE: Years 50 Months Days If less than one day

.....hrs.min.

9. Birthplace Pennsylvania

(Town, county, and state)

10. Usual occupation Labster

11. Industry or business

12. Name Unknown

13. Birthplace

14. Maiden name Unknown

15. Birthplace

16. Informant Christine M. CarterAddress Valley Lee, Md.17. Burial Date thereof 11-7-46

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory: St. MarksLocation Valley Lee18. Funeral director P. B. RobinsonAddress Leonardtown Md.19. 11-2-46 19. Cainalio

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1946 at 6:25 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 3 1946 to Nov 4 1946and that I last saw him alive on Nov 3 1946

Immediate cause of death..... DURATION

Cerebral hemorrhage 3 days

Due to.....

General arteriosclerosis ?

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE P. B. Robinson M. D. or otherAddress Great Valley, Md. Date signed 11/4/46

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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NOV 11 1946
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

Reg. Dist. No. 2820

1. PLACE OF DEATH:

County St. Mary's
 City or town Leonardtown Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 days
 Hospital, institution, or street address where death occurred
St. Mary's Hospital
 How long in hospital or institution? St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
 City or town Leonardtown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. B. F. D. #1
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Jefferson Stone Combs

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Sisley H. Combs

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1870

8. AGE: Years 76 Months 6 Days 1 If less than one day hrs. min.

9. Birthplace Leonardtown St. Mary's Maryland
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Dr. Charles Combs

13. Birthplace St. Mary's Co

14. Maiden name Rosa H. Stone

15. Birthplace St. Mary's Co

16. Informant Harry Combs

Address Leonardtown Md

17. Burial, cremation, or removal. Which? Burial Date thereof Nov 7 1946
 (month) (day) (year)

Cemetery or crematory our Lashley Chapel

Location near Leonardtown Md

18. Funeral director W. E. Mattingly Sons

Address Leonardtown Md

19. 11/7/46 Chesapeake
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 19 46 at 4:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 21 46 to Nov 6 46

and that I last saw him alive on Nov 5 46

Immediate cause of death

Cerebral Hemorrhage

Due to Arterio-sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul A. Cavalieri
 M. D. or other

Address Leonardtown Date signed 11/7/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore (83-2)

CERTIFICATE OF DEATH



11295

Reg. Dist. No. 2860

1. PLACE OF DEATH:

County St Mary's
 City or town Bush Wood Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Mary's
 City or town Bush Wood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Freddie Dorse

3. (b) Social Security Number

4. Sex Male 5. Color or race Cauc 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Martha Ann Dorse
 6.(c) If alive, give age 72 years
 7. Birth date of deceased (mo., day, yr.) Aug 18 - 1877
 8. AGE: Years 75 Months 3 Days 3 It less than one day _____ hrs. _____ min.

9. Birthplace Bush Wood St Mary's Maryland
(town, county, and state)10. Usual occupation Department

11. Industry or business

12. Name Frederick Dorse13. Birthplace St Mary's Co14. Maiden name Betty Clark15. Birthplace St Mary's Co16. Informant Mrs Martha Ann DorseAddress Bush Wood Md17. Burial Date thereof Nov 23 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Sacred Heart CemeteryLocation Bush Wood Md18. Funeral director W C Matthews & SonsAddress Leonardtown Md19. 11-21-46 Robt V. Balson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1946 at 4:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-20 1946 to 11-20 1946and that I last saw him alive on 11-20 1946Immediate cause of death Cerebral apoplexyDURATION 5 hrs.

Due to _____

Due to Cerebral apoplexy 2 hrs.Other conditions Ren. debility

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert V. Balson M. D. or otherAddress Leonardtown Md Date signed 11-24-46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

CERTIFICATE OF DEATH

11296



Reg. Dist. No. 2810

1. PLACE OF DEATH:

County St. Mary's
 City or town Dameron (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County St. Mary's
 City or town Dameron
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Henrietta Forrest

3. (b) Social Security Number

4. Sex F. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Henry Forrest
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years 87 Months _____ Days _____ If less than one day _____ hrs. _____ min.

8. Birthplace Virginia
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name James Harris
 13. Birthplace Maryland - St. Mary's Co.

14. Maiden name Jane (unknown)
 15. Birthplace Virginia

16. Informant Eli Sant
 Address Dameron Md.

17. Burial Date thereof Nov 16 46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Peter's Cemetery
 Location Ridge, Md.

18. Funeral director E. L. Robinson
 Address Dameron Md

19. 11-15-46 1946
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 19 46, at 4 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 18 19 46 to Nov. 14 19 46
 and that I last saw h. or alive on Oct. 25 19 46

Immediate cause of death Cerebral Hemorrhage DURATION 2 1/2 hours

Due to Renalized Arteriosclerosis 10 years

Due to Hypertension 3 years

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Dr. H. Patrick M. D. or other
 Address Bearon Md Date signed 11-19-46

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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NOV 26 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2320

CERTIFICATE OF DEATH



Reg. Diat. No. 11297 2820

1. PLACE OF DEATH

County St. Mary's
City or town Holly wood Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Holly wood Md R.F.D. #1
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
City or town Holly wood
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D. #1
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Agnes Yattson

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Marshall L. Yattson
6. (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Feb 24 1904

8. AGE: Years 42 Months 9 Days 11 less than one day hrs. min.

9. Birthplace Holly wood St. Mary's Maryland
(Town, county, and state)

10. Usual occupation house wife

11. Industry or business house wife

12. Name Stephen M. Lee

13. Birthplace St. Mary's Co

14. Maiden name Mamie Haley

15. Birthplace St. Mary's Co

16. Informant Marshall Yattson

Address Holly wood Md

17. Buried Date thereof Nov 26 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Johnson's

Location Holly wood Md

19. Funeral director W. E. Mattingly Inc

Address Leonardtown Md
11/24/46 46 Cumaler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 19 46 at 1:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1942 to Nov 23 19 46
and that I last saw him alive on Nov 23 19 46

Immediate cause of death Cerebral Neuronophy DURATION 12 hrs

Due to hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank A. Cammiller M. D. or other

Address Leonardtown Date signed 11/24/46

MARGIN RESERVED FOR BINDING

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VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 26 1946
BUREAU OF

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

11298

Reg. Dist. No. 2820

1. PLACE OF DEATH: *St. Mary's*
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
St. Mary's Hosp.
 How long in hospital or institution:

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
Md. County *St. Mary's*
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex *female* 5. Color or race *white* 6.(a) Single, married, widowed, or divorced *widowed*
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) *Feb. 6 1862*
 8. AGE: Years *84* Months Days If less than one day
 hrs. min.

9. Birthplace.....
 (Town, county, and state)
 10. Usual occupation.....
 11. Industry or business.....
 12. Name.....
 13. Birthplace.....
 14. Maiden name.....
 15. Birthplace.....

16. Informant.....
 Address.....
 17. *Burial* Date thereof *11-10-46*
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory.....
 Location.....
 18. Funeral director.....
 Address.....
 19. *11-9* *46* *Canfield*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Nov. 7* 19 *46* at *4:30* A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 28 19 *45* to *Nov. 7* 19 *46*
 and that I last saw him alive on *Nov. 6* 19 *46*
 Immediate cause of death.....
Coronary Thrombosis
 Due to *Arteriosclerosis (Generalized)* DURATION *10 years*
 Due to *Pericardial Anemia* *2 years*
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE *Wm H.P. Treck* M. D. or other
Pearson Address..... Date signed *11-8-46*

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NOV 12 1946

BUREAU OF

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87-0

CERTIFICATE OF DEATH

Reg. Dist. No. 2840

1. PLACE OF DEATH:

County St. Mary's
 City or town Charlotte Hall, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St. Mary's
 City or town Charlotte Mechanicville, Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Jane Elizabeth Gravers

3. (b) Social Security Number

4. Sex fr 5. Color or race Wh. 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Jack S. Gravers
 6. (c) If alive, give age 88 years
 7. Birth date of deceased (mo., day, yr.) Nov. 18th 1868

8. AGE: Years 77 Months 11 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace California, St. Mary's Co., Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name William C. Biscoe
 13. Birthplace Md.

MOTHER 14. Maiden name Ann J. Greenwell
 15. Birthplace Md

16. Informant Harold G. Gravers
 Address Mechanicville, Md

17. Burial Date thereof 11-16-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory mt zion

Location Landel Grove, Md

18. Funeral director H. C. Mattingly, Sons

Address Leonardtown, Md

19. Nov. 14 19 46 Eleanor S. Carter
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14th 19 46 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 19 45, to Nov 14 19 46, and that I last saw him alive on Oct. 15th 19 46.

Immediate cause of death _____ DURATION _____

Parkinson Disease

Due to _____

Due to age _____

Other conditions General physical failure
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Leon J. Sashon
 M. D. or other _____

Address Charlotte Hall Date signed 11/14/46

MARGIN RESERVED FOR BINDING

9-45-15M

VS 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOV 15 1946

BUREAU

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (177)

CERTIFICATE OF DEATH

Reg. Dist. No. 2520

1. PLACE OF DEATH:

County St Mary
City or town Leonardtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 hours
Hospital, institution, or street address where death occurred:
Leonardtown Md
How long in hospital or institution? 11 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
State Maryland County St Mary
City or town Leonardtown
(If outside city or town limits, write RURAL and give nearest town)
Street No. B. 3. R. #1 Mechanicsville Md
(If rural, give LOCATION)
2. (a) If veteran, name war.

3. (a) FULL NAME

John Bernard Gray

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife Wife 6. (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) July 10 - 1944

8. AGE: Years 2 Months 4 Days 10 If less than one day

9. Birthplace Leonardtown St Marys Md
(Town, county, and state)

10. Usual occupation child

11. Industry or business

12. Name Wife Mammie Gray

13. Birthplace St Marys Co

14. Maiden name Betha C. Brown

15. Birthplace St Marys Co

16. Informant Wife Mammie Gray

Address Mechanicsville Md

17. Burial, cremation, or removal, Which? Burial Date thereof Nov 20, 1946
(month) (day) (year)

Cemetery or crematory St. Pepsis

Location Morganza Rd

18. Funeral director W. C. Matteringley Sons

Address Leonardtown Md

19. 11/19 46 Causal

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 19 46 at 9:45 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 19 19 46 to 19

and that I last saw him alive on Nov 19 19 46

Immediate cause of death Tomain Peritonitis

from food

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. J. Gurnell coroner

M. D. or other

Address Leonardtown Md Date signed Nov 19 46

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

CERTIFICATE OF DEATH

11301

Reg. Dist. No. 2820

1. PLACE OF DEATH:

County St. Mary'sCity or town US NAS Patuxent River, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

Dispensary, US NAS Patuxent River Md.How long in hospital or institution? 2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

New YorkState New York County BronxCity or town New York City
(If outside city or town limits, write RURAL and give nearest town)Street No. 251 Cypress Avenue
(If rural, give LOCATION)2.(a) If veteran, name war ✓

3.(b) Social Security Number

3.(a) FULL NAME

KAHN, James Joseph4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 6-10-29 6.(c) If alive, give age 19 years8. AGE: Years 17 Months 0 Days 0 It less than one day 0 hrs. 0 min.9. Birthplace New York, Bronx, New York
(Town, county, and state)10. Usual occupation Seaman, Second Class11. Industry or business U. S. Navy12. Name David Kahn13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant U. S. NavyAddress Patuxent River, Md17. Removal Removal Date thereof 11-9-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location New York, N. Y.18. Funeral director P.B. ROBINSON,
Address Leonardtown, Maryland19. 11/9 46 Cavalier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 November 19 46 at 7:25 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased on
on 8 November 19 46 to 19and that I last saw him alive on 8 November 19 46Immediate cause of death Fracture, Compound, Skull DURATIONDue to Collision with motor truck

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Fracture compound Skull; contusions and lacerations, brain

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident 11-8-46Accident, suicide, or homicide Accident Date of 11-8-46
Where did injury occur? US NAS Patuxent River Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Naval Air Station
Means of injury collision of motor scooter and motor truck Injured at work? Yes23. SIGNATURE R.R. BONAR Lt. Comdr. (MC) USNR
M. D. or otherAddress US NAS Patuxent River Md. Date signed 11-8-46

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NOV 12 1946

BUREAU V.B.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 175-20

CERTIFICATE OF DEATH

Reg. Dist. No. 11302 2820

1. PLACE OF DEATH:

County St. Marys
City or town Holly wood Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, institution, or street address where death occurred:
Holly wood Md
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys
City or town Holly wood
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Mitchell Herbert Mattingly

3. (b) Social Security Number

445

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 2 - 1921

8. AGE: Year 25 Months 4 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Hillville St. Marys Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John L. Mattingly

13. Birthplace St. Marys Md

14. Maiden name Grace Long

15. Birthplace St. Marys Md

16. Informant John L. Mattingly

Address Holly wood Maryland

17. Burial, cremation, or removal. Which? Burial Date thereof Nov 21 - 1946
(month) (day) (year)

Cemetery or crematory St. Johns cemetery

Location Holly wood Md

18. Funeral director W. C. Mattingly

Address Leonardtown Md

19. 11/20 19 46
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 19 46 at 2-p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from and that I saw the body on 19 46

and that I last saw him alive on 19 _____

Immediate cause of death Suffocation

Other conditions _____

Due to having been covered with

dist from the family and

Due to a well in which he

was working

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accidental Date of Nov 18 46

Where did injury occur near Holly wood St. Marys Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) at home

Manner of injury working in well Injured at work? yes

23. SIGNATURE W. C. Mattingly M. D. or other _____
Address Leonardtown Md Date signed Nov 20 46

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOV 22 1946

BUREAU 18

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2820

1. PLACE OF DEATH:

County St. Marys
 City or town Leonardtown Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 18 days
 Hospital, institution, or street address where death occurred:
St Marys Hospital
 How long in hospital or institution? 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County St Marys
 City or town Colefordville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War # 1

3. (a) FULL NAME

William Francis Murphy

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Margaret Mc Dermott

7. Birth date of deceased (mo., day, yr.) Sept 2 - 1970 6.(c) If alive, give age _____ years

8. AGE: Years 76 Months 2 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Wilkes Barre, Luzerne, Penna
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name John Murphy

13. Birthplace Wilkes Barre, Pa

14. Maiden name Mary Kenney

15. Birthplace Wilkes Barre, Pa

16. Informant Miss Grace Murphy

Address 205 South Main St. Leonardtown

17. Burial Date thereof Nov 9 - 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Belmonts National Cemetery

Location Belmont, Va

18. Funeral director W. C. Mattingly Sons

Address Leonardtown Md

19. Laurel 19 Nov 8 / 46
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 - 1946 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 - 1946 to November 7 - 1946 and that I last saw him alive on November 6 - 1946

Immediate cause of death _____ DURATION _____

Coronary atherosclerosis 6 years

Due to General atherosclerosis 8 years

Due to _____

Other conditions _____

Lobar pneumonia Oct 25 to Nov 4/46
 (Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Of the M.D. or other _____

Address Quaker Mills, Md Date signed Nov 7/46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg. Dist. No. 2860

1. PLACE OF DEATH:

County St. Mary's
 City or town Buried at St. Mary's
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15-7-46
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County St. Mary's
 City or town Buried at St. Mary's
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John Albert Russell
 4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH 11-24-1946 at 4:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____ to _____ 19____
 and that I last saw him on 11-24-1946

Immediate cause of death _____ DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Rott V. Palmer M. D. or other _____Address Baltimore Date signed 11-25-466. (b) Name of husband or wife Ron Pearl Russell

7. Birth date of deceased (mo., day, yr.) 6-20-92
 8. (c) If alive, give age 44 years

8. AGE: Years 54 Months 5 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Cakey St. Mary's MD
(Town, county, and state)1D. Usual occupation Housewife

11. Industry or business _____

12. Name John Albert Russell13. Birthplace Cakey14. Maiden name Sarah Ann Russell15. Birthplace Cakey16. Informant Ron Pearl RussellAddress Cakey MD17. Buried Date thereof 11-27-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Mary'sLocation Buried at St. Mary's18. Funeral director W. C. MacIntyre, SonsAddress Ima Station19. 11-25-1946 Rott V. Palmer
(Date rec'd by registrar) Registrar

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NOV 27 1946

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1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

11305

Reg. Dist. No. 2820

1. PLACE OF DEATH:

County St. Mary's
 City or town Hall'swood
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County St. Mary's
 City or town Hall'swood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Gackery Stewart Jr.

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male Colored married
 6. (b) Name of husband or wife Elizabeth
 7. Birth date of deceased (mo., day, yr.) 1874
 6. (c) If alive, give age years

8. AGE: Years 72? Months Days If less than one day
 hrs. min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Gack Stewart Sr.
 13. Birthplace Maryland

MOTHER 14. Maiden name Unknown
 15. Birthplace Unknown

16. Informant Cecilia Butler
 Address Mechanicville, Md.

17. Burial Date thereof 11-25-46
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory St. Johns
 Location Hall'swood

18. Funeral director P.B. Robinson
 Address Leonardtown, Md.

19. 11-24 1946 Canalier
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22, 1946, at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1945 to Nov 22 1946
 and that I last saw him alive on Nov 20 1946

Immediate cause of death

Acteria-sclerosis

Due to

Due to

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank A. Canale

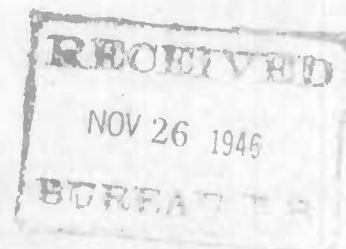
M. D. or other

Address Howard Ave, Md. signed 11/24/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *12001*

CERTIFICATE OF DEATH

11306
Reg. Dist. No. *3820*

1. PLACE OF DEATH:

County *St Marys*
City or town *Compton MD*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *26 years*
Hospital, institution, or street address where death occurred:
Compton Maryland
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State *Maryland* County *St Marys*
City or town *Compton*
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war.

3. (a) FULL NAME

Mary Pauline Yates

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Widowed*

6. (b) Name of husband or wife *Frank Yates* 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) *April 28 - 1857*

8. AGE: Years *89* Months *6* Days *25* hrs. _____ min.

9. Birthplace *Leonardtown St Marys Maryland*
(Town, county, and state)

10. Usual occupation *house wife*

11. Industry or business

12. Name *James F. Wathen*

13. Birthplace *St Marys Co*

14. Maiden name *Susan Wathen*

15. Birthplace *St Marys Co*

16. Informant *Mrs. J. Fulton Abell*

Address *Leonardtown MD*

17. *Burial* Date thereof *Nov 25 - 1946*
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *St Albans Cemetery*

Location *Leonardtown MD*

18. Funeral director *W. C. Martin & Son*

Address *Leonardtown MD*

19. *11/24 46 Casualty*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Nov 21 1946* at *10:30 PM*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Sept 5 1946* to *Nov 21 1946*

and that I last saw him *alive on Nov 21st 1946*

Immediate cause of death *Enteritis acute* DURATION *3 days*

Due to *undigested food*

Due to *2 cups bird sicles from fractured hip since Sept 5-46*

Other conditions *Accidental fall, cross*

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *Accident* Date of *Sept 25 1946*

Where did injury occur? *Compton* *St Marys* *Maryland*
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) *at home*

Means of Injury *Accidental fall* Injured at work?

23. SIGNATURE *J. F. Greenwell MD* (M. D. or other)
Address *Leonardtown MD* Date signed *Nov 22-46*

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 26 1946

SECRET

1-35